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ORIGINAL COMMUNICATIONS.

[XI.]

ARTHRITIS.

BY D. D. CROWLEY, M. D.

Arthritis, or inflammation of the structure of the joint, is a disease that is quite prevalent among persons of a strumous, scrofulous, or rheumatic diathesis. I do not write of this disease with the thought that I am going to enlighten the profession regarding its minute origin, course, lesions and treatment, but merely to cause the reader to close his eyes to the outside world and for a time allow it to wander among the different cases of arthritis that has come under his notice; for often the association of ideas may cause new ones to arise that may be of direct benefit to the patient. The causes of this disease are numerous. It may be traumatic, for the joint though well protected is subject to injuries of various kinds. Or it may be idiopathic, for certain impurities exist in the blood, as the morbid material in rheumatism (thought to be lactic acid), having a peculiar elective affinity for such structures. This morbid material acts to the production of essential inflammation from which results destruction of tissue, providing proper measures are not taken to abort it in its precursory stage. In addition to the exciting causes just mentioned, it would be well

to speak of necrosis of the shaft of the bone, for such a condition often induces an inflammatory disorder of the joint structure. The symptoms are similar to the usual form of inflammation, such as heat, redness, swelling and pain. Swelling is uniform, giving to the joint a globular appearance, differing in this respect from synovitis which presents projections here and there, giving the œdematous mass an uneven appearance. The pain is severe, and by the least jar or movement of the joint, it is greatly increased. If the cause be traumatic, the symptoms just mentioned will make themselves manifested in a few hours, while if it be idiopathic, only pain will be present, and days and weeks may elapse without any other apparent complication. We will suppose in both cases there is an accumulation of morbid matter, a destruction of tissue, and although for days the joint contained a fluctuating fluid to so great an extent that the peri articular tissue was distended, yet, it may quickly disappear by burrowing among the muscles. If you produce pressure on the surrounding parts or rub the limb toward the joint, it will again present its swollen appearance.

The order in which the several parts are involved depends upon the exciting cause, for if it be traumatic, usually the synovial membrane is the primary seat of the disease, the cartilage and surrounding tissue becoming next involved. While if it be idiopathic it will first effect the bone or cartilage and lastly the synovial membrane. In the first case, as there is often perforation of the joint, the synovia will either diffuse itself between the already inflamed tissue, or make its exit through the perforation. The synovial membrane becomes thickened and is covered with a plastic matter. The blood vessels become elongated and enlarged. From their coats is a constant flow of liquor sanguinis. The presence of fluid, the thickening of synovial membrane and enlargement of blood vessels, produce an immense amount of pressure on the nerves and thus produce pain. Only a few weeks ago I accompanied Dr. Mc. in visiting a young man who suffered from

this disease. He had caught his ankle between the coupling heads of the cars, severely injuring the part. Another physician had been attending the case, but failing to give satisfaction, Dr. Mc. was called; found the limb tightly enveloped in a large wooden apparatus, on removal of which a case of arthritis was discovered. The limb up to the knee was œdematous. Large amounts of pus were continually oozing from two large orifices, over the external and internal malleoli, and probing discovered in each wound loose fragments of bone. The articular surface of the tibia was rough, showing that there had been destruction of the cartilage. Four days after the examination the limb was amputated at the juuction of the lower with the middle third, three inches above the termination of the diseased bone. Upon examination of the amputated part the following conditions were present. The synovial membrane was thickened, presenting a pinkish hue. The cartilage was completely destroyed, giving the end of the bone a honey-comb appearance. Both the external and internal malleoli were so disorganized that they could be easily removed. Large scales of periosteum were only slightly attached to the surface of the bone.

In treating this disease, I have fonnd that when the cause is traumatic, when the tissue surrounding the joint gradually increases in size, becoming painful and red, that perfect rest and dry cold applications are the two great means by which these conditions are relieved. The joint should be placed in a splint, by this means preventing all motion. A good cold application is pounded ice, contained in a rubber bag, closely surrounding the joint. By this means excessive inflammation and destruction of tissue can be easily prevented, also the extravasated blood will be taken up and repair follows. If by chance you were not called until the stage just mentioned had elapsed, and destructive changes had already occurred with an accumulation of pus, pulse rapid and irritable, you should, in addition to the preceding treatment, make a free incision into the affected part, allowing the pent up pus to have a

free exit. Give veratrum and sulphite of soda in moderate doses (gtts iii-grs x). By this treatment, the red, angry tongue will present a moist, natural appearance. The rapid and irritable pulse will again return to its natural character. A carbolic solution (ʒss to 0j) might be used as an injection into the diseased point. The treatment, if thoroughly carried out, will prevent fatal septicaemia and probably necrosis of the bone. The question may arise, can arthritis of an idiopathic nature be benefitted by the treatment just mentioned? As the great cause of the trouble exists in the blood, it would seem quite appropriate to give constitutional treatment; and as the inflammation makes its appearance in the cartilage or substance of the bone, it would again seem appropriate to effect slight extension of the joint, thereby preventing one of the possible means of exciting inflammation. The treatment of the traumatic form would be admissible in this, adding only extension and constitutional treatment. One of the essentials in the treatment of arthritis is perfect rest. Rest during inflammation and rest during suppuration. After the acute symptons have subsided you may remove the splint, and in a few weeks, though the limb may at first appear to be ankylosed, will little by little return to its usual activity.

[XII.]

DIPHTHERITIS.

BY J. A. MILLER, M. D., OAKLAND.

CHAPTER III.

Having discovered the fact that this disease is a constitutional one—the result of a specific blood poisoning, that is rapidly destroying the red globules in that life-giving fluid, impairing vitality, and correspondingly reducing physical force, till, if left unchecked by the administration of the proper remedial agents, animation must soon be suspended and death ensue; we see at a glance the utter fallacy of therapeutical nostrums, topically applied, to remove the local lesion, which is simply Nature's external symbol, placed there to demonstrate the existence of the constitutional disease.

Should anyone be disposed to doubt that this disease is constitutional, let him remove a small particle of the false membrane from the fauces of his next patient, and place it under the lense of a microscope of one thousand or fifteen hundred diameters, when he will find this particle of membrane resembling the cone, or a hive of bees about to swarm. Or, let him take a half a drop of blood from the end of the great toe of his patient and find in it from one to one hundred of the OIDUM ALBICANS, devouring the vitality of that fluid; and then let him candidly tell me whether his topical applications are likely to destroy such a morbid, constitutional accumulation.

Again, if the disease is merely local, is it the DISEASE or the TREATMENT that so impresses the centers of the moter nervous system, as to produce paraplegia, or paralysis of the lower extremities? Either the DISEASE or the TREATMENT must certainly be constitutional; and it would scarcely be charitable to suggest that the irritated condition of the throat was such that the application of caustic produced such a shock to the motor centers that paralysis of the lower extremities was the legitimate result of such application. The advocate of this theory can poise on whichever horn of the dilemma he pleases.

Another evidence that this disease is constitutional, is the EXANTHEM which not unfrequently accompanies it, and is as often mistaken for scarlet fever. If treated on this presumption, the patient is almost certain to have anasarca as a sequel.

The only other disease with which it is at all likely to be confounded is croup. Consequently, we shall briefly notice the differential diagnosis of the two diseases.

DIPHTHERIA.	CROUP.
a. Diphtheria prevails during prevalence of winds from south, southeast and west, with a damp atmosphere — especially in this country.	a. Croup on the contrary, prevails in this country during DRY winds from the north, northeast and northwest.

b. Has a STADIUM and PRODROMUM, with angia, general collapse and asthenia.	b. Commences suddenly with signs of turgor and synocha.
c. Commences in the fauces, and may extend to adjacent mucuos membranes	c. Localizes itself in the TRACHEA.
d. In diphtheria, the exudate arises from the submucous tissue, involving the mucous membrane, which bleeds if the exudate is removed. The exudation after passing through a stage of low organization, dissolves, finally, in gangrenous mortification.	d. The product of croup is exuded UPON the mucous membrane, and if the exudation is removed, the membrane appears injected, or, œdematous; it is amorphous, and resolves into pus.
e. The FŒTOR ORIS is strong and specific.	e. It is slight and indifferent, occasionally empyreumatical.
f. In diphtheria, neuroparalysis is the result of toxaemia, which exhausts the vitality of the nerves. The amount of exudation has no influence upon the development of the disease. In certain cases it is trifling, or, wanting and yet paretic symptons may be exhibited, or death take place from paralysis of the heart.	f. In croup, neuro paralysis is the result of exhaustion of local innervation, in consequence of excessive secretion.

Another fact worthy of note is that the local affection frequently bears no proportion to the constitutional disturbance. Seemingly very slight cases prove fatal or are succeeded by long-lasting consequences, which are more difficult to overcome than the original disease. Again,

when the diphtheritic process reaches the larynx, there will generally be heard that deep-toned cough, characteristic of croup, which somebody has erroneously baptized "DIPHTHERITIC CROUP." Just as though croup, which is a PLASTIC disease, could attack a patient suffering with such an ASTHENIC disease. True, diphtheritis may possibly come to croup, but if it does, the OIDIUM ALBICANS will find such a favorable condition for multiplication that but a very short time will elapse before it is thoroughly changed to "LARYNGEAL DIPHTHERITIS." We may suspect diphtheritis, although we see no exudate, when a patient, with sore throat, feels very sick and weak, has aching bones, fever intermittent, worse at night, even when no FŒTEOR ORIS is present.

[*To be continued.*]

[XIII.]

IN ILLUSTRATION.

BY J. J. KENDRICK, M. D., PROFESSOR OF ANATOMY IN THE CALIFORNIA MEDICAL COLLEGE.

A CASE IN PRACTICE--The following is an apt illustration both of the action of a new remedy, and of the correctness and practical utility of one of the principles of "Rational Medicine."

The REMEDY referred to is the new hypnotic (?) "Jamaica Dogwood" (PISCIDIA ERYTHRINA); and

The PRINCIPLE is stated as follows: "The ascertained therapeutic action of a medicine in any given disease ("Pneumonia" for instance) will be THE SAME (in DIRECTION at least) ON THE SAME PART AND CONDITION IN ANY OTHER DISEASE." And this is a fundamental of the "specific medication," which we contend is the only "rational" medicine. This "case" will show its application and its practical usefulness:

C. H., a blacksmith, aged about 21 or 22 years, average size and muscle, and of the "NERVO-BILIOUS temperament" of the older writers--came home from his shop shortly

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C. H., a blacksmith, aged about 21 or 22 years, average size and muscle, and of the "NERVO-BILIOUS temperament" of the older writers--came home from his shop shortly

before noon of January 27th, suffering with pain in his head. Very soon after he had a severe "shaking spell," his father said, and complained of chilliness and increased headache. After about two hours fever came up, and when I saw him between 3 and 4 P. M. he was suffering excruciating pain in his head, general, and his back and limbs also were painful. Face flushed, eyes suffused and sensitive, pupils small; head hot and retracted, rolling from side to side; pulse full, strong and hard, about 104-6 per minute; and the tongue slightly coated, white, and rather large, atonic. Patient restless, but movement was painful; bowels reported torpid, urine scanty and high-colored. Some four weeks before had an attack of Cerebro-spinal Meningitis; left his bed too early, neglected medicines and precautions recommended by his physician, and had resumed work at his trade while still "too weak to lift his hammer" except with great fatigue. Results: this relapse into CEREBRO-SPINAL MENINGITIS. PROGNOSIS, doubtful, VERY, on account of former attack and his incomplete recovery.

At first, under remedies addressed to rousing vegetative nervous system, reducing determination of blood to brain, (and the consequent cerebral irritation) and reducing the irritability of the nerve centres--the patient improved decidedly. But in the forenoon of the 28th ult., he got out of bed, in absence of his nurse, and waited on himself in relieving his bowels and bladder; and this exertion, small as it was, was sufficient, in the weak condition of the circulation of brain and cord, to cause a most dangerous relapse. When I reached his bedside his face was pale, pupils dilated, pulse small, feeble, oppressed, about 60 to 65 per minute; extremities cool. Patient lay on his back with his head strongly retracted; the muscles generally in semi-rigid state, and "jerking" from time to time. Had had several convulsions, with extreme OPISTHOTONOS—the spasm followed by a sort of "rigor," during which his pulse was a mere flutter at the wrist, intermitting, and, as rigor went off, ceasing entirely from 15 to 20 seconds.

Respiration very shallow, difficult, jerking or "catchy," approaching stertor. There was every indication that serious (grave) effusion had taken place, or, at best, was dangerously imminent.

Knowing that the remedies commonly depended on were of doubtful utility in such an emergency, I felt sure my patient would die unless I could at least stop the convulsive action. I had seen some accounts of the "Jamaica Dogwood," and a report saying that it is powerful to reduce the IRRITABILITY OF THE CORD AND MEDULLA OBLONGATA, arresting the spasms of chorea and the convulsions of tetanus, &c. I have strong confidence in the PRINCIPLES above defined, and am quite satisfied that convulsions, such as my patient suffered, directly depend on just that condition—excessive irritability of cerebro-spinal axis—which "Jamaica Dogwood" is said to reduce.

I gave this remedy, therefore, to my patient, and my faith was most happily rewarded. After the FIRST DOSE (of thirty minims)* he had no more convulsions at all, and his pulse was merely quickened a little during the few subsequent "rigors," while before it was wholly suspended. Thirty-six hours after beginning use of "Jamaica Dogwood" my patient was really convalescent, though, so severe was the lesion that, AFTER HE BEGAN TO CRAVE FOOD, he still had not sufficient strength of innervation to accomplish a full respiration!

I am well aware that "one swallow does not make a summer," but nevertheless I must assert that this case both shows the therapeutic action of the remedy used, and illustrates the correctness and practical usefulness of the principle, "the ascertained therapeutic action of a remedy in ONE disease will be THE SAME on the SAME PART AND CONDITION in all other diseases."

*N. B. This dose was repeated every two hours ("till the patient is relieved") and subsequently *twice* this quantity was given at the same interval of time, and on same directions as to continuing.

[XIV.]

ERYSIPELAS.

BY J. H. BUNDY, M. D.

By the Grecian and Arabian physicians, erysipelas was regarded as the most formidable disease met with. An attack of it was nearly always fatal if it appeared on the sides of the head and face, and spread over the scalp and down over the body. Its fatality was probable or improbable according to its location. Many physicians all along the ages of medical history still adhere to the same idea, and seem so infatuated with this belief that they have almost always prognosticated the case more with reference to the location of the disease upon the body, than any or all of the attendant circumstances.

ERYSIPELAS is derived from two Greek words which signify—to draw from the surrounding parts. The opinion on nomenclature held by many of the older writers of diseases, regarded the name as not indicating really the conditions manifested in the disease. By the Romans it was termed SACER IGNIS. In popular language it is known by the name of "rose," from the color of the skin. A name at another time much used was "St. Anthony's Fire," and, indeed, the rapidity of its course over the system would warrant some such name. Cullen, in his nosology, regarded erysipelas and erythema as about the same; erythema being a mild form of skin disease, while erysipelas was more severe.

We have seen more of the disease in the months of November and December than any other season of the year, here in California; and it is during the very coldest weather.

We shall divide the disease into four general varieties:—"Simple," "Phlegmonous," Oedematous," and "Erratic."

Under the first we include all those superficial or slight cases, which are hardly ever more than a few days in duration, and which involve the integument as a part of it, and never dip into the subcutaneous structures. Erythema is often called erysipelas by physicians, and it is only

with this class of erysipelas that erythematous inflammations can be classed. The second form, "Phlegmonous," is a severe disease, involving the subcutaneous structures, destroying muscular tissue, tendons, periostium, and sometimes the bones. It more frequently attacks the young and fat, fleshy people, usually selecting the limbs. A writer says: "The point of attack is on the periostium of the femur, about the upper third, or near the same place on the tibia. In females it occurs more frequently in the right than the left leg. It might be called with some propriety—ERYSIPELAS OSTITIS. The Oedematous more frequently attacks old persons of anasarcal habits. It may be superficial or deep-seated, attacking a limb or any part of the body.

The fourth variety, "Erratic," takes its name from the fact of its moving about from place to place: being upon the face to-day, upon the arm to-morrow, and by the next day somewhere upon the body. It often becomes epidemic, and when it does it is termed BLACK-TONGUE ERYSIPELAS, and proves very fatal. It is, in most instances, difficult to trace the exciting causes of erysipelas. When it occurs after local injury, we have at once a probable reason for the surrounding inflammatory action, but as erysipelatous inflammation does not succeed internal injury every time or case; some other circumstances must concur to induce it in those instances in which it succeeds to accidents or operations. There is, in many persons, a disposition to inflammation of the skin on the most trivial irritation. In such, there is no doubt, some peculiarity in the vascular system of the integuments, so that any causes which excite the circulation, either generally or locally, may induce erysipelas. Again, elderly persons of a cachetic habit, and females, about the period of the cessation of the menses, are liable to periodic attacks of erysipelas, which are generally preceded or accompanied by symptoms of derangement of the stomach and bowels, but seldom with fever. Besides the origin of erysipelas from causes within the system itself, it appears to prevail at

certain seasons more than others, and without doubt is engendered by a peculiar condition of the air, or by atmospheric causes. Some writers claim that there is a lack of iron in the blood, and that iron on the outside and inside will cure all cases of erysipelas. I believe we have two states of the blood that are calculated to induce the different forms of idiopathic erysipelas. In the one, the tongue and mucous membranes are vivdly red, the inflamed parts looking the same, that is, very deep and vivid in color; while in the other, the tongue is loaded with a dirty white, pasty coat, is broad, full and flabby; the lips and mucous membranes are full and pale; the inflamed parts present a flushed appearance only, while in the other they are deep red to purple. In all cases we will see one of the two conditions mentioned, in some degree, and accordingly I am governed in my treatment. Both conditions represent a state of fermentation. In the one there is an excess of acid or acids, or in other words, an acidity of the blood and secretions; in the other the blood and secretions are alkaline.

Case 1st. A. W., aet. 35; all of left side of head and neck greatly swollen—color light flush; pulse 120; tongue broad, full, heavily loaded with dirty white, pasty coat; mucous membranes of mouth nearly normal in color; had had a severe chill; pain over the entire body and limbs severe headache. To control the acid ferment of the blood and secretions I gave ℞ Sulphite of Soda, ʒi Aqua Dist. ʒvii M Sig—a tablespoonful every two hours. The patient was very nervous, from which fact he could not sleep and I gave the following as a sedative: ℞fld. ext. Gelseminum ʒiss; Tr. Aconite ʒss; Aqua Dist. ʒiv M. S., teaspoonful every hour. In three days the tongue was clean and moist, the pulse 80, the swelling to a great extent relieved, the bowels had been freely moved by the soda, and on this account ordered it to be taken every four hours. As a local application I ordered the Sulphite of Soda solution ʒss in ʒiv; bathing the part well every hour or two. Continued this with quinine and on the

ninth day the patient was about. Now, had the case represented the alkaline ferment I should have put him on the following: ℞ Tr. Ferri chlor ʒss; Syr. Sirup, Aqua Dist aa ʒiss; M. S. teaspoonful every one, two or three hours as the symptoms might demand; and use the iron with glycerine locally. Whether correct or not regarding the state of the blood, the treatment has yet to fail me.

I haye studied the use of Rhus Tox in erysipelas, and where iron is indicated it does not work well with me; but in the case where the sulphite is useful, with pale membranes and the peculiar sulphite of SODA TONGUE, it will cure, I believe, any case of erysipelas.

[*To be continued.*]

[XV.]

MANACA (FRANCISCEA UNIFLORA).

BY J. H. BUNDY, M .D.

This is one of the late remedies introduced by the enterprising firm, Parke, Davis & Co., and deserves special mention as a remedy for rheumatism. It belongs to the natural order Solanaceæ, and was called at one time BRUNFELSIA Uniflora—since, it has been named Franciscea. There are five species, and all are more or less valuable as drugs, the uniflora especially so. Its recommendation for rheumatism led me to try it, the result being as follows: Case 1st, a man aged 35, had been loading cars with wheat in sacks for a number of weeks, was taken with rheumatism of a subacute character, had tried many things without relief. Put him upon the following, fld. ext. manaca ʒi; syr. simp. ʒi; aqua. dist. ʒii. M. sig. teaspoonful four times daily, until it acts upon the bowels, then two or three times daily. It stopped the pain in 24 hours. He could take the dose four times daily, and it only kept the bowels a little soft, but did not physic. In four days from the time he began the treatment he resumed his labors as usual; continued the medicine until taken up, took no more and remains well. Case 2nd, Mrs. A. had rheumatism of left knee and ankle joints, which had existed about

four weeks; had taken everything recommended for it, with little benefit. ℞ fld. ext. manaca ʒss; Sig. take 10 drops four times daily. In three days pain gone, but considerable soreness remains; continued treatment three weeks and was well. She resumed her household duties on the 8th day. Case 3d, Mrs. K., rheumatism of hand and shoulder had existed six months. ℞ fld. ext. manaca ʒi; S. gtts x. four times daily; was RELIEVED at once and cured in six weeks. Case 4th, Harry M., Oct. 19th, rheumatism in both feet, existed for a year. ℞ fld. ext. manaca ʒi; S. gtts. xv, four times daily. In two weeks pain all gone; made a good recovery in ten weeks. Several others here have, and are using the manaca with equally good results. I shall give it a fair trial in syphilis when opportunity presents. At present 1 am not satisfied as to HOW the remedy acts, but it is so valuable a drug in rheumatism that I shall make it a special study in the future. Its habitat is Brazil, where they make great account of it.

UMBELLARIA CALIFORNICA.—This is the correct botanical name of the drug brought to the notice of the profession by Dr. Mann, of this State, not long since. It belongs to the Nat. Ord. Lauraceæ; was formerly called the Oreodaphne Cal. I have had but little experience with this drug, but I think when well understood it will prove valuable. It is only as a stimulant and in bowel troubles that I have had experience with it. After the active stage of dysentery it acts nicely. As a stimulant in typhoid disease it acts splendidly. Cholera morbus yields to it rapidly; in fact, it reminds one of mist. cajeputi comp. in its action; like it, it is a difusive stimulant, pervading the extremities about as soon as taken. Like everything else, it acts better in SMALL, frequently repeated doses, ℞ fld. ext. Umbellaria Cal, ʒii; syr. acacia; aqua dist. aaʒii M. S. teaspoonful every half hour, hour, or two hours, as may be required, or it may be given on sugar in drop doses as often as required. I wish to repeat that the name I have given it is its correct botanical name.

[XVI.]

A STUDY OF TWO REMEDIES.

BY S. E. PEARCE, M. D., OAKLAND, CAL.

An extended experience with Turpentine and Cimicifuga in Meningitis, both acute and chronic, has led me to a series of inductive observations on the specific or physiological action of these drugs, as well as upon the nature and treatment of many of those ailments which are at once so distressing and so stubborn. Believing that the action of cimicifuga was entirely upon the cranial and spinal meninges and only indirectly upon other tissues and functions, I have for years, been accustomed to prescribe it in small doses, and often without any other remedy, for all diseases resulting from an enfeebled or irritable condition of these membranes from the latter stages of acute meningitis and its distressing SEQUELÆ, or the severest cases of chorea, to many nervous headaches, and those cases of of enfeebled nervous action causing insufficient respiration, with a great sense of dorsal weariness. The result has in nearly every instance been most happy, often the size of the dose has been so adjusted as to produce no aggravation of the symptoms. This latter condition, however, should be carefully observed.

In respect to the specific action of turpentine, I at first used it in meningitis, believing in the old doctrine of its therapeutical benefit—that it had "a strong influence to prevent the infusion of lymph." But I soon found that it had an equally strong influence in relieving the distressing pains whether in the occiput spine or great branches. A trial of its use in the treatment of lumbago, and neuralgias resulting from meningial irritation, or when the original trouble has not been sufficient to induce effusion, soon convinced me that it has a much wider range of usefulness. I administer it in doses of three drops three times a day in simple syrup.

These views have been singularly illustrated and confirmed by the peculiarity of diseases in this city during the present season. During a moderate prevalence of well

marked and severe cases of spinal meningitis, there has been a general prevalence of "colds," nearly all of which presented SOME of the symptoms of that disease, but not the whole group of symptoms, or in a degree too mild to to be called meningitis. It is obvious that the morbific influence acted in the direction of producing a fully developed case, but fell short at various stages or was modified by the location of the irritation or complication of other effects. In these cases I found that the administration of Turpentine or Cimicifuga. according to the case, at once relieved all these symptoms.

[XVII.]

H. GIBBONS, M. D., AND DIPHTHERITIS.

BY J. A. MILLER, M. D.

On page 427 of the February issue of the *Pacific Medical and Surgical Journal*, the editor makes a partial quotation from my article on "Diptheritis," published in the last issue of this journal, in such a manner as to leave the impression that the sentiments advanced are at variance with well authenticated facts. If this is the editor's idea, he certainly will not deny that Diphtheritis is an "endemic disease," i. e., peculiar to certain localities. If he does, the history of the disease confronts his objection; and being a professor of the "principles and practice of medicine," he will certainly not deny that an ENDEMIC disease may become EPIDEMIC. That the disease is "contagious," is the admitted testimony of the medical world. That it is a "specific germ," is admitted by the editor himself, in his article on "Contagion," where he represents these "germs" floating round the room like so many "flies and mosquitos"—that it is impossible to breathe without "inhaling a single germ of the disease." This is certainly more "germ theory" than any "Cheap John" eclectic ever advocated. If he objects to the name of this germ, he can use the allopathic cognomen of "microcosm," which is perfectly indefinite, meaning a "little world," from the Greek "*mikros*," little; and

"*kosmos*," world; and is equally applicable to any particle of water capable of microscopic analysis. I prefer the term which classifies it in its proper order. If he will extract a drop of blood from his next diphtheritic patient, and place it on the lens of a microscope of ten or fifteen hundred diameters, he will witness the phenomenon of the destruction of the "red globules of the blood," and the transposition of the sanguineous into an aqueous fluid. And after the information thus obtained, it may be pleasant for him to consider that the allopaths are a non-progressive sect. I admit that a genuine allopathic sneer, even though practically couched in "Cheap John" latin, is a difficult thing to reply to. But it is just as weak an ARGUMENT, even though emanating from a learned college professor.

[It is understood that we are not responsible for the articles from the correspondents of the JOURNAL. And, if they feel that they are unjustly attacked or criticised, we shall always extend to them the privilege to reply and defend themselves, if done in a proper manner.—ED.]

EDITORIALS.

RATIONAL MEDICINE.

In the former number of THE JOURNAL, we engaged to furnish a series of articles definitive of the "medicine" which alone is entitled to the name RATIONAL MEDICINE. By "rational" we mean capable of satisfying sound reason of its correctness and utility.

We assume for the present that in order to be thus "rational" a "medicine" must assure us that its principles are fundamental trnths of Physiology, Pathology and Therapeutics, and that its means and methods are adapted to, and capable of effecting, the several objects designed to be accomplished by them. But this design and adaptation of special means for accomplishing particular purposes must contemplate the correction of particular wrongs by special remedies, as interference with vital processes for

any other purpose is not to be thought of at all. And this adaptation and use of a particular remedy for correction of a particular wrong we insist is the only possible use of medicines that can properly be called RATIONAL medication; and THE "rational medicine" which alone is possible is such a science of organic life, of disease and of the powers of remedies as makes such a use of medicines possible and practical.

It should not be necessary to say that such a "medicine" does not represent or imply, and is not represented by the older notion of a certain remedy infallibly curative of a certain disease as diseases are indicated by NAMES, in the old nosological nomenclature;—this medicine pointedly declaring and fairly demonstrating that there CANNOT BE any single compound or simple remedy that is even adapted to the cure of every case of any one of the disorders individualized by name in the common nosology. The sense in which medication must be truly SPECIFIC is that, as every disease consists of certain special or SPECIFIC wrongs of function or structure, or of both, the several remedies should be known as curative of one or another such particular wrong, and used accordingly for the correction of the special wrong of which each is known to be curative.

And this is but a requirement of common sense; for obviously, if we know not the wrong, IN ITSELF OR IN ITS EFFECTS, of which a remedy is corrective, we can never be assured either that it is, or is not necessary, or promotive of cure. Ignorance of the particular wrong corrected by the several remedies would render it as unnecessary to use one as another, and ALL AS ONE! The very idea of several remedies, distinct from each other as remedies, implies also several distinct uses or powers. And in as far as we distinguish the curative uses and powers of the several remedies, we PRACTICE that medicine which applies each particular remedy to the correction of the particular wrong of which we know it to be curative; and may, therefore, with perfect truth and propriety,

CALL IT "specific medicine," and declare that the only possible "rational medicine" must be

SPECIFIC MEDICINE.

Surely no man "in his right mind" can deny these statements or refuse to confess the legitimacy of this reasoning. We feel confident that enough is said on these points; and we may proceed to exhibit the fundamental truths which teach and govern this practice.

In reducing any science to an art, that is, in making practical application of the principles of a science, there are especially two possibilities of error or disaster, viz:—the adoption of a false for a true proposition; and the assumption of a truth as a FUNDAMENTAL which is really but a secondary and dependent truth. And there is, therefore, much importance attaching to the proper conception of what is truly a "principle" or really "fundamental truth" of any science.

We are warranted in affirming that the principles of physiology are the functions, relations, liabilities and susceptibilities of the several organs and organic elements of the body; as these must, of right, determine conduct and doctrine relative thereto. The principles of pathology, also, are properly to be looked for in the causation, constitution, dependency and powers of disease, as these are essential to its explanation, determine its consequences, and define the opportunities and necessities of its control—and thus determine conduct and doctrine relative thereto; and the principles of Therapeutics must be inquired for of the identity, conditions and results of the action of medicines; since on these alone can we predicate a rational use of any remedy, and, as above, determine conduct and doctrine in respect thereto.

For brevity, then, we will assume that it is enough to say that a fundamental truth, or principle of a science, is such a truth as, by the requirements of sound reason, necessarily requires consistency with itself of conduct and doctrine relating to the subjects of the (given) science;—or, it is such a truth as is essential to proper understand-

ing of the phenomena, the exact and efficient observance of the laws, or the legitimate use of the powers involved.

It is thus concluded that the principles of medicine are to be found in those facts of physiology, etc., which sound judgment assures us should determine our conduct and doctrine regarding the several elements of normal and abnormal life, and our understanding and use of the several therapeutic agents and agencies. And, very certainly, therefore, in order to define the principles of medicine, we must prevent those truths of physiology, pathology, etc., which, by every necessity of right reasoning, are essential to a proper medical conduct and doctrine.

In our next we will begin the statement and elucidation of these fundamental medical truths.

FOLLICULAR PHARYNGO—LARYNGITIS.

This disease has been quite prevalent in Oakland this winter, and many cases have proven stuborn to any treatment. It might more properly be termed Follicular Pharyngitis however, from the fact that in but few cases the disease has extended to the larynx. The mucous membranes of the throat are dry, irritable and constricted; secretion entirely arrested in some cases, in others, there is a hypersecretion streaked with blood. Enlargement of

the follicles of the pharynx, pillars of the fauces, of the uvula and tonsils is prominently visible, and there is a constant desire to clear the throat. The treatment that most promptly relieved our cases was Yerba Reuma and Penthorum Sedoides, combined as follows :—fl d. ext. yerb reuma ; fld. ext. penthorum sed, aa ʒi ; water ʒiv. M. S. Use as a gargle every 2 or 3 hours, and swallow a teaspoonful as often ; also with an insufflator, once or twice daily, dust the parts with the following :—Iodoform grs. xx. Hydrastine grs. xx. sach. lactis ʒii M. and very thoroughly triturate. The finer this is triturated the better and more speedily will it perform the work. Phytolacca externally applied materially enhances the treatment.

A BILL FOR IMPROVING THE MORALS OF DRUGGISTS AND PHYSICIANS.

A bill has been introduced into the State Legislature, making it a misdemeanor for a druggist to pay, or a physician to receive commissions on prescriptions.

The following is the text:

Section 1. Any apothecary, druggist or person carrying on a business as a dealer in drugs or medicines, who furnishes or engages to pay or deliver any money or property as a commission or reward to any physician who orders any prescription to be prepared by such apothecary, druggist or dealer in drugs or medicines for any patient under his care and treatment, shall be guilty of a misdemeanor.

Section 2. Any physician who receives or agrees to receive any money or property as a commission or reward from any apothecary, druggist or dealer in drugs or medicines for any prescription ordered by him for the use of any patient under his care and treatment, shall be guilty of a misdemeanor.

While we have but little faith in attempts to correct the morals of the people by legislation, we hope this bill may become a law, as it may be a terror to some evil doers. Good laws are all right, but if they are in advance of public opinion, they fail to be enforced. Whenever public sentiment sets its condemnation upon any practice, it ceases to be indulged in by those claiming respectability. We are not sufficiently well informed as to the extent to which this commission business prevails among so-called respectable druggists and physicians. But we

cannot believe that it is very extensive. It is a practice, however, that cannot be too forcibly condemned. It is contemptible and should be discontinued. Paying commissions to a physician is simply robbery of the patient. It is paying a double fee, for which in all probability he receives less than the prescription calls for. We believe that druggists who pay commissions would not hesitate to reduce the quantity of expensive articles, or substitute cheaper ingredients in order to make themselves whole.

There is one other matter our legislators might turn their attention to while they are on this question. It is, making it a misdemeanor for any druggist to re-fill a prescription without the consent of the physician. A prescription is the property of the physician, and the re-filling of it without his consent is simply depriving him of the fee to which he is justly entitled. We understand such a law has been enacted by some of the Eastern States, and if enacted in this State, if it did not promote the honesty of some of our physicians, it would at least help to replenish their pocket-books.

UTERINE FIBROIDS.

Fibroid tumors of the uterus are among the number of troublesome things that often vex, and try the skill of the practitioner. The troublesome features of them are hemorrhage and leucorrhea, which often terminate the life of the patient. Their treatment has elicited much study and numerous experiments, surgically and therapeutically, and to the latter we direct our attention. The agents best adapted to their treatment are, perhaps, Ergot and Ustilago Maidis. Ergot has been most extensively used, as its action is better understood, and from this fact alone, reliability has been placed upon it. It in the first place relieves to a great extent the troublesome features mentioned. Again, it frequently arrests their growth at whatever stage they may exist, and in many instances causes their absorption without pain or inconvenience ;

often, too, by inducing uterine contractions, it causes the expulsion of the polypoid variety of the sub-mucous tumor; and, in the same manner causes the disruption and discharge of the intramural tumor. If it is desired to cause their absorption without pain, it should be given in moderate doses, and a due amount of patience exercised, as it requires time to accomplish it. If it is desired to expel it, full and often repeated doses should be given until the object is attained. The best authorities maintain that under such treatment fewer cases will be lost and more cures made. A year ago we treated a case of this kind that had existed some months, and the tumor was large, with Ustilago Maidis. We put the patient upon ℞ ustilago fld ext; syr sirup aa ʒii M. S., teaspoonful 4 times daily. This quantity was continued for one month, and then one half the quantity given, and was continued for six months when the tumor had entirely disappeared, nothing else being given except iron and quinine.

FLUID EXTRAOT GRINDELIA SQUARROSA.

The *Medical Brief* has the following :—

I was called, August 26, to see Mr. G. S., aged forty-three, a coal miner. He suffered for over one year and a half with constantly recurring intermittent fever, sometimes broken with quinine and Fowler's solution, but returning while taking it. I ordered one and one-half ounces of grindelia squarrosa, to be taken thirty drops three times a day after meals in water. He has not chilled since. I might record a number of cases in which this remedy has been used with success as a substitute for quinine. I would be pleased if the doctors would give it a trial and report through the *Brief*.

Some five years since we introduced to the profession the Grindelia Squarrosa as a specific for chronic intermittents and splenic hypertrophy, giving experiments made with it to ascertain its physiological and therapeutic action, and several cases in practice to verify the experiments. Since which time over thirty pages have been printed relating to the drug and its specific action in that disease, and 107 cases in practice reported, and with all, the above closes with.—"I would be pleased if the doctors would give it a trial and report through the *Brief*." It has been

thoroughly proven to be the most reliable remedy in such cases now in use, and the reports come from DOCTORS.

ERRATUM.

In the January number, page 13, 17th line from bottom, should read—a strong infusion of Hydrastis ʒii, instead of ʒii, as it now reads.

SELECTED.

Juglandin.

BY J. F. HAMMOND, M. D.

Juglandin is the active principal of the Juglans Cin., or White Walnut. The tree is known to the country people as the Bitter Nut, and an aqueous extract made by boiling the bark of the green root down to proper consistence, and then gradually evaporating to a thick, heavy mass. The Juglandin, however, is the preparation used by the profession. For the last ten or twelve years I have used it much as our Allopathic brethren do calomel. They triturate calomel with sugar, for children; usually, ℞.—Calomel, grs. i.; Sac. Alba, grs. viij., and give one powder each 2 hours until the bowels are satisfactorily moved. For a child one year old, I often give the following: ℞.—Juglandin, grs. i.; Pulv. Sac. Alba, grs. xvi., Trit, Ft. Charts. No. 8. S.—One each 2 hours until the bowels are satisfactorily moved.

If the tongue is heavily coated, and the stomach and abdomen full, I have found the following formula elegant:

℞.—Juglandin..... ...grs. j,
Leptandra.....grs. ij;
Sodæ Bicarb.....
Pulv. Rhic..... .....aa. grs. viij;
Sugar Milk..... .....grs. xvi;
Trit. Ft. Charts. No. 8

S.—One each 2 hours until the bowels act thoroughly.

Juglandin, in small, alterative doses, is one of our very best remedies in a variety of skin diseases. I rely upon it in Eczema Rub., Lupus, Scrofula of the Skin, etc., etc. Juglandin may be combined with mercury, to great advantage, in Allopathic practice, especially in syphilitic diseases of the skin. I cure syphilis, in its every phase, without mercury ; but there are those in the profession who hold the Allopathic giant still. Now and then we find a reformed Allopath in our ranks, and usually, if he gives mercury in no other disease, he does in syphilis. He is a kind of doubting Peter, and will "slip" on this dreaded malady. I have, in obstinate cases, tested the combination of mercury and juglandin; but not to very great advantage. However, I will give a formula that did me some service. The young man presented a pitiable appearance. Large, suppurating ulcers, resembling the ulcers seen from the use of impure vaccine matter during the late war, covered his entire body. He wanted mercurial treatment ; had tried a root doctor's decoctions without good results ; therefore, wanted mercurial treatment. I ordered the following preparation :

℞.—Proto. Iodide Mercury,
Juglandin.....aa. grs. xx.;
Ext. Gentian.....grs. xl.;
M. Ft. Pil. No. 80.

S.—Two each meal, just after eating.

The young gentleman presented himself in a week, and made considerable improvement. In thirty days, presenting himself once in ten days, he was improving rapidly ; and, at the expiration of sixty days, was sent away to take Iodide of Potassii for two months. Presenting himself at the expiration of the time, I found he had become a new man. For the next two months he resided in the country, and took diet—eggs, wild game, fish—anything but hog meat. At the end of the time the young gentleman presented himself, and was, apparently, restored to former health and vigor. I treated two other cases not

unlike the young gentleman's case detailed above, without a grain of mercury, with about the same results. The Juglandin, in the two last cases, in ¼ gr. doses, twice daily, soon made a favorable impress upon the eruption on the skin, as well as upon the throat trouble.

In chronic diarrhœa, where the liver is the offending organ, I have found the Juglandin, alone, or in combination with leptandrin, and ext. taraxacum, superior to any and all other remedies.

Mr. H., residing in Cobb county, this State, presented himself on the 20th of last August. He stated that he had had chronic diarrhœa two years, and had been attended by a half dozen doctors, "regulars" and Eclectics, without material benefit. Prof. I. J. M. Goss, the distinguished Eclectic, had been his last physician. I found his tongue heavily coated, fur long, whitish, and extending to the tip. Stomach large and full—very full; patient constantly sick at stomach, and troubled with sour eructations after eating. Bowels acting about every two hours; stools large and watery. Patient stated that opium always aggravated the trouble, and that he was so weak and feeble, that he had despaired. His temperature was 103½; specific gravity of urine, 10 40. I saw indications for the Juglandin:

℞.—Juglandtn.....grs. xx;
Sodæ Bicarb.....℈iv:
M. Ft. Pil. No. 40.
S.---Two each 4 hours until bowels act thoroughly.

℞.---Salicin.....ʒii;
Acidi Sul. Aromat.....f ʒii:
Syp. Aurantii Cort.
Tr. Cardamon Comp.....aa. f ʒss;
Tr. Rubns Vil.....f ʒiv;
Spts. Vini Gal....q. s. ad. f ʒviij;
M. Ft. Solutio.

S.—Dessertspoonful every 4 hours, commencing as soon as the bowels act well.

I did not hear from my patient for two weeks. Finally, at my instance, his brother, residing in this city, wrote to

know the result of treatment, and received in answer a letter stating that the pills acted so violently that he had discontinued treatment. A week later he wrote substantially as follows : "I find I am getting well ; have resumed treatment. The improvement commenced a few days after the pills acted. I am taking the drops now, and find the most decided results. I think the pills did the " work." I met Mr. H., in the city two months after he took the first portion (the pills), and could scarcely believe he was the same pale, emaciated man, I had prescribed for two months previous.

In combination with Collinsonin, the Juglandin will often cure the most obstinate forms of hemorrhoids. Unlike most active cathartics, it does not leave the bowels bound ; but, to the contrary, in a soluble condition. It is, therefore, one of our best remedies in pills, and should be given for its specific action on the large bowel and portal circulation, even when we intend operating. The patient, I have found by many years' experience, makes all the better "get up" if the system is well prepared for the operation.

If the portal circulation is very much congested, I often give Hamamelin and Juglandin :

℞.—Juglandin, Hamamelin, aa. grs. iv ; Ext. Gentian, grs. xvi ; M, Ft. Pil. No. 16.

S.—One at bed-time.

If the bowels are not sufficiently moved, make the dose two at the moment of retiring.

In the more obstinate forms of constipation, the entire materia medica does not afford a superior remedy to Juglandin. The following formula has done me good service:

℞.—Juglandin, grs. i ; Sugar Milk, grs. xx ; Trit. Ft. Chts. No. 20. S.—One at bed-time.

Or, if too slow, a formula with Juglandin as a base :

℞.—Juglandin, grs. iv ; Ext. Belladonna. Ext. Nucis Vom., aa. grs. i ; Ol. Anisi. Ol. Menth. Pip., aa. gtt. iv; M. Ft. Pil. No. 16. S.—One or two at bed-time.

I have found the following formula elegant in the constipation peculiar to pregnancy. It is so superior to Olie Ricini, Mag. Sulphate and Seidlitz Powders, that patients soon ask for it ;

℞.---Juglandin. Leptandrin, aa. grs. iv ; Pulv. Rhei., grs. xxxii ; Ol. Anisi, Ol. Valerian, aa. gtts. iv ; M. Ft. Pil. No. xvi. S.---One at bed-time.

But it is in acute dysentery, combined with Ipecac, we get the most decided results from small doses of Juglandin. It acts on the portal circulation, exerting a specific and curative influence.

Some years ago, a United States Surgeon published an article in the medical (Allopathic) journals, endeavoring to show the specific action of Ipecac in acute dysentery. He gave pulverized ipecac in xxx, and xl. gr. doses, repeating in about two or three hours until the inflamed bowel was brought into subjection. He seemed to overlook the conditions of the portal circulation in dysenteric troubles. I don't think his paper met with professional favor. The Allopathic press published his article ; but, somehow or other, no one used the formula. I was brave, or rather, fool enough, to try it in a few cases. I didn't have to wait long after reading the doctors ipecac article, for an opportunity to test the plan of treatment. I took notes in the case, and find I gave my patient xxx. grs. of ipecac as soon as I could get it weighed out. I told the patient the treatment would be SPECIFIC. He swallowed the uncomely powder down without water, as the doctor had directed. I took a convenient position for observing him, and impatiently awaited results. In about ten or fifteen minutes patient began to look deathly pale ; said he was very sick at his stomach, and asked if I intended to vomit him with the powder. I answered that the sickness at his stomach would soon subside, and that he would then feel all right. Presently patient grew deathly sick, and asked to be allowed to vomit. Presently ten fold, if possible, more sick. And yet sicker, and

still sicker. In the meantime I stood around the bed, holding patient's hands, encouraging him to greater endurance. Finally, after an hour's suffering, the dreadful nausea began to subside, and gradually passed away. But my patient was not even better of his dysentery, much less well, as I had promised him he would be. I waited, however, for results, but none came. The enormous dose of ipecac did not leave any impression on the disease. I could not help being amused at a remark the patient made the next day. He had watched my anxiety at his bedside, and knew there was something wrong. His impression was that I had poisoned him, and that I was too careful of my reputation to tell the truth. Forty-eight hours afterwards I began giving him small doses of Juglandin and Ipecac, and in a very short time witnessed the most decided results. I find that I gave the following ℞, which was compounded at Taylor's Pharmacy, No. 9, Peachtree street :

℞.—Juglandin. Pulv. Ipecac, aa. grs. ii : Sugar Milk, grs. viij ; M. Ft. Chts. No. 8. S.—One each 2 hours until bowels act, and dysenteric troubles are relieved.

After the powders acted, I gave small doses of Camphor, Morphia and Gelsemin.

℞.—Pulv. Camphorate, Morphia Sul., aa. grs. ii ; Gelsemin, grs. j ; Sac. Alba. grs. xvj ; Trit. Ft. Chts. No. 8. S.—One every 4 hours.

Patient did not have another dysenteric stool, and was able to go to business in a few days.

I want to say, in conclusion, that I have found Wm. R. Warner & Co.'s Juglandin superior in quality, and buy it by the oz., for my practice ; and want my medical friends, who read this, to send to him and get the valuable remedy, and report results in infantile diseaaes, skin diseases, and hemorrhoids.

No. 222 Hayne St., Atlanta, Ga.,
Dee. 20, 1879.

Statistics of Placenta Previa.

BY ENOCH W. KING M. D., GALENA, INDIANA.

As the result of an extensive correspondence, Dr. King reported to the Indiana State Medical Society, at its meeting, May 1879, 113 cases of placenta previa, with the attendant--number of pregnancy, time of pregnancy, presentation of placenta, presentation of child, treatment, result to mother and child. In a study of these 113 cases a number of instructive points are drawn out: In regard to AGE, the statistics of Trask are corroborated that this accident occurs most frequently at the age of about 40 years. A larger proportion occurs in the SECOND PREGNANCY, while in Simpson's table the larger occurred in the THIRD pregnancy. Dr. King's report shows that the danger of hemorrhage is imminent from the SIXTH MONTH. In 62 cases out of 98 the hemorrhage is reported "PROFUSE." In 106 cases the placental presentation was in 28 PARTIAL, in 78 COMPLETE.

In regard to TREATMENT the report exhibits a great deal of analytical painstaking. Thus:

In seven cases, "virtually left to nature," four mothers, recovered; three mothers died; two children living; four dead; one not stated.

In nine cases ergot was the principal remedy; five mothers recovered, four died; one child living, six dead, two unborn.

In seven cases the principal reliance was rupturing the membranes; all the mothers recovered, and all the children living.

In eleven cases the principal treatment was "entire detachment of the placenta;" nine mothers recovered, two died undelivered; two children living, nine dead.

In three cases the forceps were used; one mother living, two dying; one child lived, two died.

Craniotomy was resorted to in one case, the mother recovering,

In fifteen cases the tampon was the principal reliance;

thirteen mothers recovered, two died, one undelivered; nine children living, six dead.

In fifty-eight cases version was adopted; forty-one mothers recovered, seventeen died; twenty-five children living, thirty-one dead. two, results not given.—*The Obstetric Gazette, Oct. 1879, p. 161.*

Diagnostic Differenoes Between Chancre and Chancroid.

BY PROF. T. G. RICHARDSON, M. D., OF NEW ORLEANS.

Professor T. G. Richardson, M. D., of New Orleans, in a paper read before the Orleans Parish Medical Society, summarizes his views in the main as follows:

I.—Points of resemblance:—

1. Both are infectious diseases, the result of local contagion, and present themselves primarily as sores which secrete a poison similar to that by which they are produced.

2 The primary sores occur only at points where the virus is in contact with the subcuticular layer of skin or mucous membrane.

3. Both are most commonly propagated by sexual intercourse, but surgeons may be accidentally inoculated while in the performance of their duties, by means of abraisions or sores.

4. In both affections the primary ulcers are liable to assume different phases of action, such as the phagedenic, serpiginous and gangrenous.

II.—Points of distinction between chancroid and acquired syphilis:

I. (a.) In the chancroid there is scarcely an appreciable period of incubation. Within a few hours of contact a sore is produced whose secretion possesses the same infectious qualities as that from which the inoculated poison was derived.

(b.) Syphilitic, like vaccine virus, produces no apparent effect for several days after contact, and the primary

sore (chancre) is of slow development, requiring sometimes three or four weeks.

2. (a.) Chancroid, in its formation and progress, is nearly always accompanied by heat, pain, redness and swelling.

(b.) Chancre is seldom attended by inflammatory symptoms, and may reach maturity without the knowledge of the victim.

3. (a.) Chancroid is very commonly multiple, the sores numbering from two to six or more. This may result from consentaneous inoculations, but more likely from rapid propagation from the original sore.

(b.) Chancre is nearly always single, and seldom or never duplicates itself by subsequent contamination of the adjacent surfaces. When double, the inoculation must have occurred simultaneously.

4. (a.) The virus of chancroid, as may be inferred, is auto-inoculable, the prudent secretion from the sore in its active stage producing other sores in the same individual.

(b.) The secretion from chancre brought in contact with abraisions or sores in the individual in whom the primary sore exists, produces no effect, or else a greatly modified sore, with no power of infection.

5. (a.) Chancroid yaries in size from a line to an inch or more in diameter, usually with clearly cut edges, with an inflammatory areola, a slightly depressed, angry-looking surface. Its secretion abundant and purulent, often presenting the physical qualities of laudable pus. The sore is essentially a wet sore.

(b.) The ulcerated surface of chancre is usually small, has sloping edges, no inflammatory areola, except when irritated or phagedenic in character, furnishes a very meagre amount of sero-purulent secretion. Is comparatively a dry sore, and capable of doing appalling damage.

6. (a.) Chancroid is usually superficial, and unaccompanied by decided thickening or hardening of surrounding or underlying tissues; hence it was called soft chancre.

(b.) Chancre is usually distinguished by a remarkable thickening and induration of tissues surrounding or subjacent, though there may be a difference in degree.

7. (a.) Chancroid tends to spread, and may be a large sore in a few days.

(b.) Chancre is indolent, and frequently remains unchanged in dimensions for weeks.

8. (a.) Chancroid is frequently productive of bubo, but this is not a necessary result. When present, it is ordinarily limited to the lymphatic ganglia nearest the sore, but may extend to others. This bubo is commonly accompanied by acute inflammation and the formation of a collection of pus possessing the infectious qualities of the original ulcer.

(b.) In chancre there is always enlargement of a number of the adjacent lymphatic ganglin, unaccompanied by pain or marked symptoms of acute inflammation or tendency to suppurate. The ganglia involved are generally those of the upper group.

9. (a.) Chancroid is not succeeded by discolorations of and eruptions upon the skin of mucous membranes, ulcerations of the throat, falling of the hair, or other specific inflammations.

(b.) Chancre, when left to itself, is invariably followed by cutaneous and mucous eruptions, ulcerations, deep-seated inflammations, morbid deposits, and numerous other effects in different parts, all characterizing this as one of the most penetrating and dreadful of constitutional diseases; and added to this, it possesses the quality of heredity to a marked degree.

10. (a.) Chancroid is not a constitutional disease; neither is it protective.

(b.) Chancre is a strictly constitutional disease, and, like vaccine, modifies the system so that no true infection may again occur.

11. (a.) Chancroid is not arrested or moderated, but often powerfully aided in its destructive action, by mercurialization or iodism.

(b.) Chancre is frequently cured, and its secondary results prevented, by the judicious administration of mercury. In the secondary and tertiary stages, when properly used, these remedies are antidotal.—*New Orleans Medical and Surgical Journal.*

Perimetric Inflammations.

By H. P. MERRIMAN, M. D., Professor of Medical Jurisprudence and Hygiene, Chicago Medical College.

By perimetric inflammations I intend the inflammations immediately around the uterus, and mean all of them, whether affecting the peritoneum alone or the cellular tissue alone, or both of them together.

These inflammations have long been known to the profession under the names of pelvic abscess, iliac abscess, peri-uterine phlegmon, peri-metritis, pelvic cellulitis and inflammation of the uterine appendages.

I think it cannot fail to have struck the attention of every physician who has practiced much in the department of women's diseases, that in making vaginal examinations he frequently finds evidence of previous perimetric inflammation.

I take the liberty of mentioning some of the most common evidences:

(a.) The uterus immovable and surrounded by adhesions.

(b.) The uterus anteflexed or retroflexed and fundus adherent, but cervix movable.

(c.) The uterus drawn to one side; but susceptible of some limited motion, though usually with pain.

(d.) The tissue felt through the wall of the vagina, thickened and tense in some places, often as hard as a piece of sole leather; this is very observable when felt through the roof.

(e.) Tenderness on pressure in all these hard places.

(f.) Some places very tender to deep pressure, where there is no appreciable hardening.

(g.) Patient complains of pain in the iliac regions, especially when fatigued.

These symptoms appear to indicate that a more or less severe inflammation has occurred, with an effusion of coagulable lymph which has not been fully absorbed, and with remains still of the inflammation.

The seriousness of this complication is well recognized, as to—

The suffering it produces;

The danger of new activity; and

The reaction upon other uterine ailments.

As to the parts involved in these inflammations, a few cases have occurred and been substantiated by autopsy where only the cellular tissue near the uterus was involved; likewise a few where only the peritoneum was affected; but I believe observers agree that the clinical symptoms are not different whether one or more than one tissue is affected. The affection may start in the peritoneum, but it usually quickly extends to the cellular tissue in contact with it, and if it starts in the cellular tissue, it cannot become very general without involving the peritoneum.

For this reason I have used the term perimetric inflammation as being more general in its signification than any of the other names, but the term cellulitis has come into such general use to signify all these inflammations that it may be well still to use it, although pathologically incorrect.

LOCATION.—As to the location of these attacks, Dr. Thomas says: "The usual, indeed the almost invariable seat of peri-uterine cellulitis is the areolar tissue of the broad ligaments, and generally that of one side only is affected."

Dr. West says: "The cellular tissue anywhere in the neighborhood of the womb may be the seat of the mischief, but that between the folds of the broad ligament is attacked far more often than the same structure in any other situation;" and he gives a table showing the location in 52 cases; in 34 of these it was in the broad ligament,

and of this number the inflammation was on the left side in 25; in four of the 25, however, both sides were affected.

In 14 cases tabled by Dr. Thomas, we find the left broad ligament affected 12 times, but three of the 12 had also the right side affected.

Dr. Emmet, who has studied this affection more than any one else, giyes a table of 157 cases of uncomplicated cellulitis occurring in his own practice, and in these the left broad ligament was affected 65 times and the right 16 times.

Other observers give about the same proportions, namely, that between 40 and 50 per cent. occur in the left broad ligament; general cellulitis occurs next in frequency, then inflammation behind the uterus, lastly inflammation on the right side and pelvic abscess, which were of the same frequency.

This remarkable frequency of cellulitis on the left side is explained by Dr. Jacobi as perhaps due to the superior development of the left cerebral hemisphere, it having a better and more direct supply of blood, which it receives by the anatomical arrangement of the large vessels springing from the left side of the aortic arch, which increased arterialization renders it more fit to innervate the right half of the body than is the case of the right cerebral hemisphere. The left side of the body being less perfectly innervated, is therefore also more liable to pathological changes.

The question of manner of origin in this affection is one of great importance, and deserves our special attention. There are but two theories at the present day which have followers:

One, that the disease is usually a secondary one, arising from prior inflammation in the ovaries, fallopian tubes or uterus; the other, that the disease, except when puerperal, is more frequently primary, spreading to the ovaries and fallopian tubes from the cellular tissue.

"The theory on which I insist is that these inflammations are all secondary; that they are produced by inflam-

mations of the uterus or of the fallopian tubes or of the ovaries, or by noxious discharges through or from the fallopian tubes or ovaries, or by mechanical injury. Without one or other of these causes the inflammation and abscess is not observed.

"Of all the prolific causes, inflammation of the mucous membrane of the womb is, in my opinion, the most common, and this both in the puerperal and non-puerperal states."

What shall our treatment be for this condition? Dr. Emmet's suggestions seem to be the very best that can be followed. They are:

Hot water injections twice a day.

Good, nutritious food.

Regulation of bowels.

Sunlight and fresh air.

A great deal of rest, especially if there is much tenderness.

Suitable support to the pelvic contents.

Tonics and alternatives.

The judicious use of these, combined with proper kinds of exercise when tenderness is diminished, will help most cases.—*Chicago Medical Journal and Examiner, Nov., 1879, p. 456.*

A Partial Review of Two Thousand Cases of Midwifery.

By James Ayer, M. D.

The two thousand cases of midwifery which have occurred in my own practice commenced with the year 1839, and close with the present time. For the first twenty years I have no special notes or statistics except the numbers annually attended, and occasional notes of difficult and abnormal labor. I regret that I cannot present more exact data, it would so greatly enhance the value of this paper, and the only apology I have to offer is the fatigue and hurry incident to a busy professional life. From my imperfect data a table has been prepared of obstetretical

cases since 1859, or the last twenty years. Previously the annual number was greater:

Total number of cases from 1839 to 1879.....2,000
Total number of cases from 1859 to 1879..... 900

SINCE 1859.	
Total No. boys noted...	187
Total No. girls noted...	159
	346
Still-born.....	42
Twins.....	3
Triplets.....	1
Acephalous infant.....	1
Intra-uterine amputat'n	1
PRESENTATIONS.	
Face.....	3
Face and right arm....	1
Shoulder.....	1
Arm.....	2
Breech.....	5
Foot.....	3
Placenta previa.....	1
Cord.....	2
INSTRUMENTAL.	
Forceps.....	35
Craniotomy.....	2

COMPLICATIONS.	
Adherent placenta.....	2
Hour-glass contraction...	1
Puerperal convulsions...	4
Puerperal mania.....	2
Puerperal peritonitis....	3
Hæmorrhage, general....	2
Hæmorrhage, ante-partum	2
Hæmorrhage, post-partum	2
OF THE CHILD.	
Cyanosis.....	2
Purpura hæmorrhagica...	2
Spina bifida.....	1
Imperforate ani.....	3
Double hare-lip, with cleft palate.....	2
ABNORMALITY.	
Umbilical cord 45 in.....	1
Umbilical cord 36 in.....	1
Umbilical cord 8 in.....	2
Hypertrophy of cord, excessive.....	1
Primipara 45 yrs. old....	1
17 yrs. from last confinement.....	1
Many umbilical cords with single and double knots.	

The sex of less than half the births is given; the cases of still birth, abnormal presentations, and instrumental delivery are accurately noted; also, diseases and accidents incident to the labors. Forty-one per cent. of the girls were born before the day of engagement, while only thirty-one per cent. of boys were born before the expected time. The average duration of labor in a large number of cases was ten hours. The duration of labor in cases of foreigners was about the same as of Americans.

In the early part of my practice the prevailing fashion and desire among married women was to bear children

and rear families, but now times are changed. Formerly an anæmic patient was anomaly, and nervous exhaustion a condition almost unknown. These two classes are now the most frequent and dangerous we are called to encounter. A few words on the old method of conducting labors. The length of a natural labor was limited to twenty-four hours; beyond this period it was considered tedious. Perhaps, patience was more thoroughly exercised then than now. If ergot was occasionally given, delivery by forceps was extremely rare. Parturition was believed to be a purely natural process, not to be interfered with or hastened, except from the most urgent necessity. By this system of non-intervention delay was often occasioned, fatal to the infant, and perhaps injurious to the mother.

[Dr. Ayer gives at length the special features and nature of treating different complications and then cites the following case:]

INTRA-UTERINE AMPUTATION.—Mrs. W., a healthy lady of Scotch descent, and living out of town, was delivered, September 24th, 1871, after twelve hours' moderate labor of a female child. This was her second daughter. The first was born in Boston, five years before, after a severe labor of 24 hours, a perfect child. On the latter occasion I was called at 3 P. M., found the waters had broken during the morning, and only occasional pains, and very slight. On account of the distance, I chose to remain over night; so at 10 in the evening I lay down in an adjoining chamber, and was just beginning to doze, when at 11 o'clock I was summoned in great haste. Hurrying to the bedside, I found Mrs. W., had an expulsive pain. The presentation was natural, and the head was now pressing firmly against the perenium. In a moment the head and body were expelled by a single pain. The room was dimly lighted. The chord had a feeble pulsation. As the child did not cry, water was called for, and the face sprinkled as is my usual custom. Immediately the baby gasped and uttered a faint cry; then the light was brightened, and my attention directed for the first time to the

deficiencies of the infant. The placenta and membranes soon came away, but nothing more.

On the third day this feeble child nursed, but with little apparent prospect of being reared. Dr. D. H. Storer accompsnied me September 27th, on the third day after delivery. We carefully examined the child, and made the following measurements:

Net weight.....	3½ lbs.	Length of right arm and hand.....	6 in.
Entire length of body and head	11½ in.	Length of the left arm.....	2½ in.
Occipito-frontal circumference.....	11½ in.	Length of left finger	½ in.
Abdomen (umbilicus) circumference	9½ in.	Length of left foot..	1½ in.
Chest (nipples) circumference.....	9½ in.	Circumference of ft.	1¼ in.
Across the shoulders, cir.....	3½ in.	Circum. of thigh...	2 in.

The body was symmetrical and the head well proportioned, with a narrowness across the sacrum. The left forearm was wanting, but the humerus perfect, terminating in one finger on the inner condyle. The right leg was composed of a crooked femur only, three inches long, terminating in a foot regularly formed, with a great toe and two other toes ; that next to the great toe and the little one are wanting. The genitals were normal, and the internal vicera performed their functions regularly. The imperfect limbs appeared like stumps from skillful amputations, finely healed and well rounded. On the fourth week an umbilical hernia occurred, from straining, the size of a shell-bark. This was controlled by compress and bandage, and soon dissapeared.

Instead of failing, as we anticipated, the little infant continued to thrive, as the breast milk was abundant, and increased in weight, improving also in features and beauty. When four months old she was successfully vaccinated. At nine months of age, Dr. H P. Quincy visited the child with me, and made drawings and took the following measurements:

Net weight	13½ lbs.	Right arm and hand	9 in.
Length of body and head (sitting)	14¾ in.	Left arm and finger.	5½ in.
Occipito-frontal, cir.	17 in.	Foot and toe	2½ in.
Abdomen (umbilicus) cir	17¼ in.	Thigh, circum	11 in.
Across shoulders	7½ in.	Thigh, length	5 in.
		Foot, circum	4 in.
		Single finger, length.	1⅛ in.

The family crossed the Atlantic (1878) with the two children, and the little cripple was perfecly well while absent in Scotland, and returned in good health. She is now eight years of age, a beautiful girl, of lovely disposition, and remarkably agile for her condition, and can easily get around over the house and up and down stairs. A wonderful prodigy, the pride of her parents and the light of their home.—BOSTON MEDICAL AND SURGICAL JOURNAL, DEC., 1879, P. 859.

THE RUBBER BANDAGE IN THE TREATMENT OF LEG ULCER.

By Charles Hermon Thomas, M. D.

[After citing a case in which all treatment had failed Doctor Thomas says ;]

In the latter part of June, 1877, being at that time in the West, and having just seen Dr. Martin's demonstration before the Surgical Section of the American Medical Association at Chicago, I wrote to Dr. White, expressing my belief that the rubber bandage was the thing before all others to make use of in his patient's case. Meanwhile she had been removed to the seashore, where she was compelled to spend much of the day and all of the night with the limb suspended from the ceiling of her room. A bandage, taken from an Esmarch set, was forwarded to her, accompanied by simple directions as to its application, in which she was perfectly successful.

Immediately she laid aside her invalidism, indulging freely in surf-bathing, walking upon the beach, and the other occupations of the place. Her general health—which, through confinement to the house and in bed, together with want of exercise, had suffered greatly—at once improved.

The ulcers healed very rapidly, giving no pain or other inconvenience than that involved in the trouble of dressing them in the morning with the bandage, and at night, upon retiring, with simple dressings. Two years have now passed ; I have seen her recently, and she is well and sound.

It may be mentioned that a severe eczema of the same leg recovered perfectly under the use of the appliance, and that the bandage worn until recently instead of the elastic stocking, as being at once more comfortable and convenient, has now also been laid aside, the varicosities having disappeared.

Another somewhat similar case came under my care at about the same time as the previous one. The subject was a man about 30 years of age, a pressman, whose duty involved his standing constantly throughout the day. From a contusion originally, he had been subject to a succession of ulcers on one leg for some eight years. The treatment included several of the measures named, involving many graftings. After eight months of active treatment, which also failed of any good result, he left me to go under the care of an empiric.

I did not hear from him again until a year ago, when his employer, a patient of mine, spoke incidentally of his disabled condition, which was such as to make it almost impossible for him to support his family. I advised the use of the bandage,—which I afterwards showed him how to apply,—and he tells me that he has not since that day lost an hour's time on account of his leg. He was not only able to resume work at once, but, notwithstanding another injury in the same part, is able to walk daily to and from his work, a distance of two miles. At times he lays the bandage aside, but quickly resumes it again upon any sign of renewal of the diseased action.

A third case is that of a young man who suffered a violent contusion of the outer side of the leg and calf, caused by a runaway team. A deep slough supervened, and the ulcer took on a marked hemorrhagic tendency. This was

so marked that very profuse bleeding occurred even upon his sitting up in bed for his meals. To counteract this, I ordered a kitchen dredging-box, charged with powdered alum, to be kept at the bedside, and to be freely used upon the part whenever the wound was dressed.

Two weeks after the suppuration of the slough, observing that no tendency to recover was manifest, and that there were signs of the extension of the inflammation, I applied the rubber bandage.

At the end of two weeks I advised him that he might safely return to his work, he having meantime been constantly at work in the open air.

In this case it is worthy to be observed, owing to a severe burning pain caused by the bandage when used alone, it could only be worn when a layer of linen or muslin was interposed in the region of the sore.

A fourth case is that of a lady whom I was called to attend during the present month. She came from Vineland, and had a rubber bandage upon her leg when I called. The ulcer was just above the external malleolus, was very painful, and had but recently developed; the slough still remaining adherent. The bandage gave her much pain; she limped badly, and said she "could not bear it." Upon examination, I found the bandage itself at fault. It was fully three inches in width; was peculiarly hard and inelastic, and of double the proper thickness. The following day I applied one suited to the case, which gave instant relief to pain. She walked with scarcely a perceptible limp, and went home two days later expressing herself as being entirely comfortable.

The quality and size of the bandage are of prime imporportance. If too thin it is inefficient, and if too thick or hard it becomes a source of irritation and injury. As to dimensions, a four-yard bandage, two and one-half inches wide, will answer perfectly for all cases below the knee.

They are now furnished at a price so low ($1 25) that they are practically within the reach of the poorest person. And then they are so durable as to last for years

without deterioration. In applying the bandage no reversed turns are made, and I think it best TO BEGIN DIRECTLY OVER THE SORE, wherever located, letting the bandage rest flatly upon it, afterwards making the adaptation to the rest of the leg as best one may. This being done in bed, before rising in the morning, it may be applied just so strongly as not to slip down, for when the patient assumes an erect posture the increased flow of blood to the part will induce the proper amount of pressure and tightness. Care should be taken to avoid contact of oily matters with the rubber, as this would prove injurious ; but it should be washed every night and hung up to dry. The ulcer ought also to be kept scrupulously clean.

Dr. Martin recommends that no application be used except the bandage ; but I am convinced that the interposition of a soft piece of muslin or linen between it and the sore adds greatly to the comfort of the patient and the value of the treatment in some cases. Mr. McGill, of Leeds, reports (PRACTITIONER) a series of about twenty cases of leg ulcer treated by Martin's method ; all relieved except two. In these latter he ascribes the "want of success to the fact that the ulcers were inflamed and painful when the bandage was applied ;" adding, "the application much increased the pain and necessitated the discontinuance of the treatment." My own experience is that method is as applicable to acute as to chronic cases, and that inflammatory conditions are particularly amenable to treatment by it, provided that the simple expedient here mentioned be adopted.

In conclusion, it is not too much to say that the rubber bandage, in its application to the treatment of leg ulcer, constitutes one of the most valuable and important contributions made to surgery in recent times.

Its cost is but slight ; it is easily applied by the patient himself, who is able to walk at once and follow all ordinary avocations throughout the treatment ; and I believe it is more efficient than any or all other means heretofore used for the relief of this most disabling malady.—*Philadelphia Medical Times, December, 1879, p. 112.*

Belladonna in Diseases of Children.

By Charles H Hall, M. D., of Macon, Ga

The subjects to whose diseases belladonna corresponds most exactly are those whose cerebral functions are most liable to become irritated, or whose brains and consequently heads have the greatest development, that is, children. It is a well known fact that children bear and require proportionately larger doses than adults. In all the active hyperæmia of the brain of children, which is a very common accompaniment of the febrile diseases of childhood, it is of conspicuous benefit. Belladonna and the bromides will control congestion, but when inflammation or meningitis is present belladonna is no longer the remedy. When I find fever, with a red face, a disposition to sleepiness, and the eye reddish, indicating a possible brain complication, I constantly prescribe belladonna. It does not seem to benefit the anæmic as much as the florid. In the early stages of infantile bronchitis, where there is considerable fever, and the wheezing just commencing, especially when the membrane has a red, velvety look, belladonna will seldom disappoint us. Combine aconite with it, if the temperature be over 101 deg. Any inflammation of the buccal mucous membrane is benefitted by it. In stomatitis it is one of the best and most speedily successful remedies. In fact, belladonna appears to have curative powers in all inflammations of mucous membranes. It controls perspiration and lessens the temperature in the fevers of children, which are characterized by sweating, although the temperature is high. I use it in all the eruptive fevers of children. Incontinence of urine is more constantly cured by this agent than any other. All the vesical troubles of childhood are greatly benefitted by it. In retention, I not only give it internally, but use the ointment over the perineum and hypogastrium. In the myalgias and other painful affections of early life, the external application of belladonna gives great relief. I rely upon it in the commencement of whooping-cough, before the convulsive stage is devel-

oped. It lessens the secretions of the intestinal mucous membrane, and hence controls the watery diarrhœa of teething children. I am convinced that the beneficial effect of belladonna is frequently lost by the dose being too large. The true medicinal dose is far below the physiological. As a rule, I give small doses, repeated at every fifteen or thirty minutes, until some amelioration or change occurs. A well-made tincture of the leaves is to be preferred to all other preparations.—*Medical and Surgieal Reporter, Oct., 1879, p. 312.*

The Hypodermic Injections of Carbolic Acid in the Treatment of Hemorrhoids.

By Dr. E. G. ZINKE.

This method of treating hemorrhoids is of but recent date. Much attention has been paid to it since its introduction; but, notwithstanding the many reports of cure, is still regarded an unsafe and even dangerous practice by many, if not most physicians. I had hesitated to employ this remedy in the treatment for this affection until after I read the report of 3,300 cases, collected and reported by Prof. Edmund Andrews, of Chicago Medical College, in the "Cincinnati Lancet and Clinic," April 26, 1879. This report, viewing it as a whole, seemed sufficient to warrant the use of this new discovery in the treatment of internal piles.

CASE.—Mr. T., æt. 45, had suffered with hemorrhoids for the last fifteen years. Five years ago they began to bleed at intervals, which became gradually smaller, until within the last year and a half, when they bled at every stool, and often in the meantime. Every remedy suggested by the profession, outside of operative preferences, was tried by the patient; but, as every one would suspect, no permanent relief was obtained. The most tender hemorrhoid was selected for the first attack, and about three drops of a solution of equal parts of carbolic acid and glycerine were injected. There was no pain; the tumor was reduced and patient left alone, nothing else being done. The next day I met my patient in a very

cheerful mood. He had only experienced some swelling, as if closed by a valve; had felt no pain, slept well all night (the first time for six months) and had a good stool without loss of blood. The swelling soon subsided, and a discharge consisting of bloody pus showed itself, which disappeared on the fifth or sixth day. Five injections were made in all, every one of which was followed with the same result, except the third, which gave rise to a long and painful swelling, lasting about twelve hours, then gradually diminished and passed away like the rest. Six weeks after beginning of treatment, patient was entirely well.

[After citing two other successful cases, Dr. Zinke says:]

The gratifying termination of these three cases have encouraged me very much to believe this treatment entirely harmless if carefully practiced under the rules laid down by Prof. Edmund Andrews, which are:—

1. "Inject internal piles only.

2. "Use the more diluted forms of the remedy first, and the stronger ones only in case these fail.

3. "Treat one pile at the time, and allow from four to ten days between the operation.

4. "Inject from one to four drops, smearing the surface with cosmoline to guard against dripping. Inject very slowly, and keep the pipe in its place a few moments to allow the fluid to fix itself in the tissues.

5. "Confine the patient to the bed the first day, and return him to it subsequently if any worse symptoms occur. Prohibit any but very moderate exercise during treatment."

Viewing the statistics as given to us by Prof. Andrews only nine deaths have occurred out of 3,304 cases treated in this way. These nine are reduced to seven, as the author believes three of them to represent the same patient—more than that: five "are so vaguely reported" that the number may be regarded still less; indeed, they are not and ought not to be considered reliable, since a num-

ber of them were "treated in a reckless and ignorant manner." The same is true of all other objections raised against the carbolic acid treatment in hemorrhoids. There is, so far as I know, not one fatal case on record, where the above rules have been observed. In all respects it is safe to conclude that this method is more convenient to both operator and patient; it is less painful, if properly executed; no anæsthetic need be used; and there is no more danger, and fully as much success, as in any of the other methods known.—*Cincinnati Lancet and Clinic, Nov., 1879, p. 412.*

Vaginismus.

M. GALLARD, in the *Annales de Cynecologie,* states that he constantly recommends the gradual dilation of the vagina by tents of progressively increasing size. According to the circumstances of the case he impregnates these tents with different applications. He also believes that these topical applications aid materially in curing vaginismus. For this purpose M. Gallard recommends the use of iodoform made up into an ointment (iodoform, 2 grams, cocoa butter, 2 grams, fresh lard, 15 grams). This preparation may be employed when there is redness or excoriation of the mucous membrane. If there is only pain without any visible change in the mucous membrane, extract of belladonna, 2 grams, fresh lard, 15 grams, may be prescribed. In this, as in the previous case, the tents may be as small as possible. After the employment of the iodoform ointment it is well to replace it after a few days, when the redness and excoriations have disappeared, by the belladonna preparation. In both cases care should be taken to increase daily, by an imperceptible but still advancing gradation, the size of the tent. By this means at no very distant period, a tent is habitually employed which is of such a size as to allow the introduction of the male organ. In effecting this result the action of the narcotic substance and the progressive dilation have both materially assisted each other.—*Practitioncr*, October, 1879.